

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1						51						
2							52						
3							53						
4							54						
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35	1						85						
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40							90						
41							91						
42							92						
43							93						
44							94						
45	1	4					95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	2					
TOTAL DEP.							TOTAL DEP.	2					
TOTAL CLAIMS							TOTAL CLAIMS	30					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS